# Virginia's Health 2018

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#### Overview

VDH Overview and Updates

Virginia's Health Status

 Using a Population Health Improvement Approach

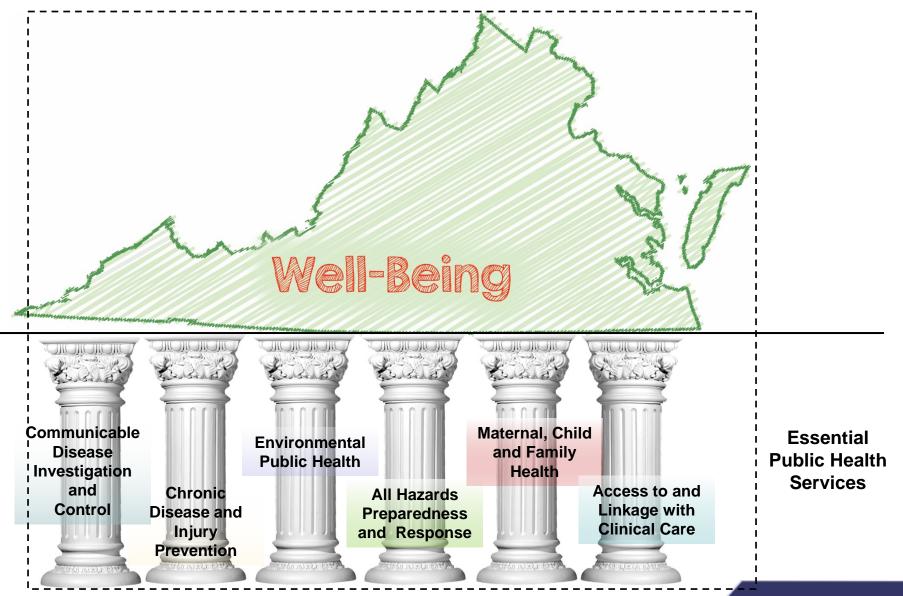
VDH Budget



#### VIRGINIA DEPARTMENT of HEALTH LOUDOUN ARLINGTON REGION BUCKINGHAM COUNTY NAME DISTRICT CITY and NAME RAPPAHANNOCK **PIEDMONT DISTRICT NAME** NTERSTATE WILLIAM COUNTY US HIGHWAY CENTRAL SHENANDOAH RAPPAHANNOCK ALBEMARLE 2 THOMAS JEFFERSON CUMBERLAND PLATEAU DINVIEDE CRATER HAMPTON NORFOLK PITTSYEVANIA WEST WESTERN TIDEWATER PIEDMONT MOUNT ROGERS



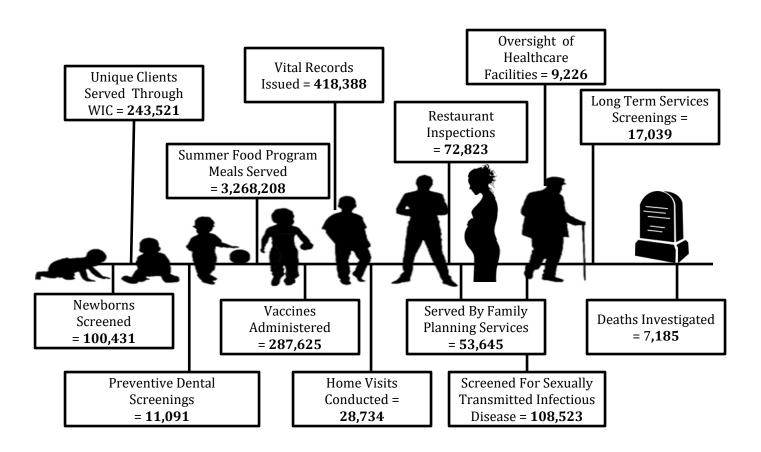
#### **Essential Public Health Services**



**Foundational Areas** 



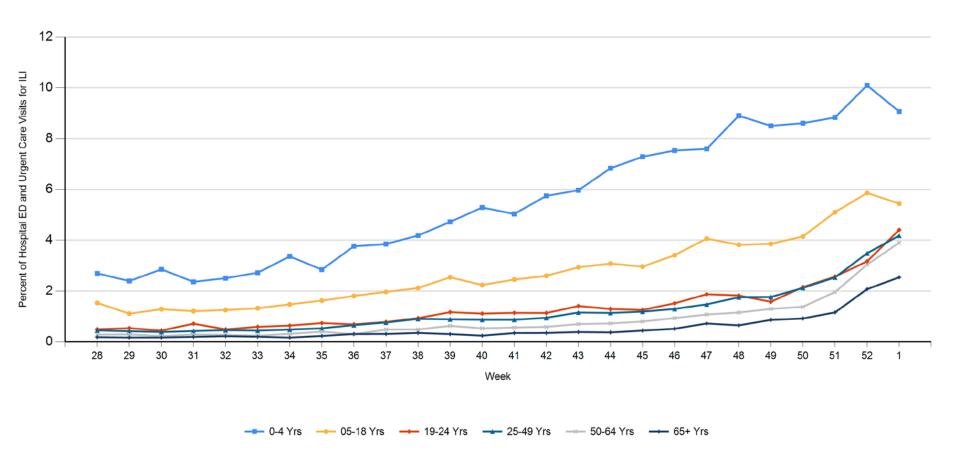
#### Lifespan Public Health Services



Data Source: Virginia Department of Health 2017 and Federal Fiscal Year 2017



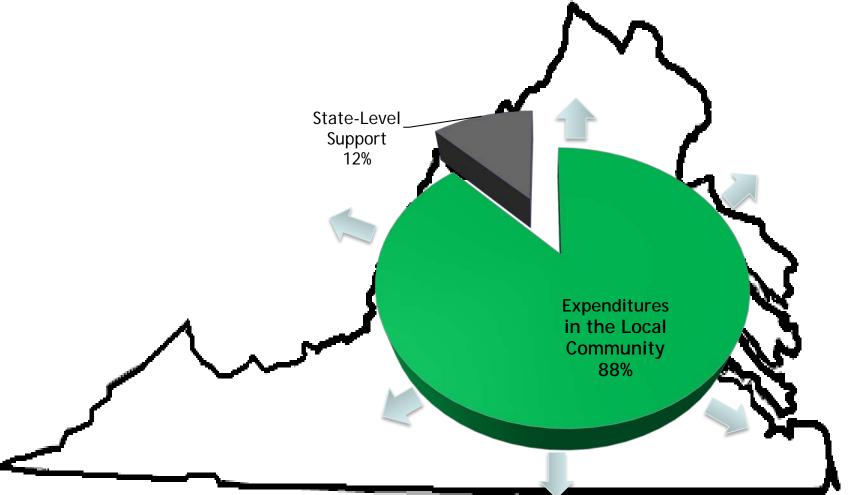
#### Percent of Hospital Emergency Department (ED) and Urgent Care Visits with Influenza-like Illness (ILI) by Age Category Most Recent 26 Weeks



Source: Virginia Department of Health Syndromic Surveillance



# 88% of VDH Budget Spent in Local Communities





## Virginia is a National Leader in Preparedness

- National Health Security Preparedness Index Top 3 States
- Trust for America's Health: Ready or Not Report Top 5 States
- NACCHO Project Public Health Ready Only state with all local health districts recognized

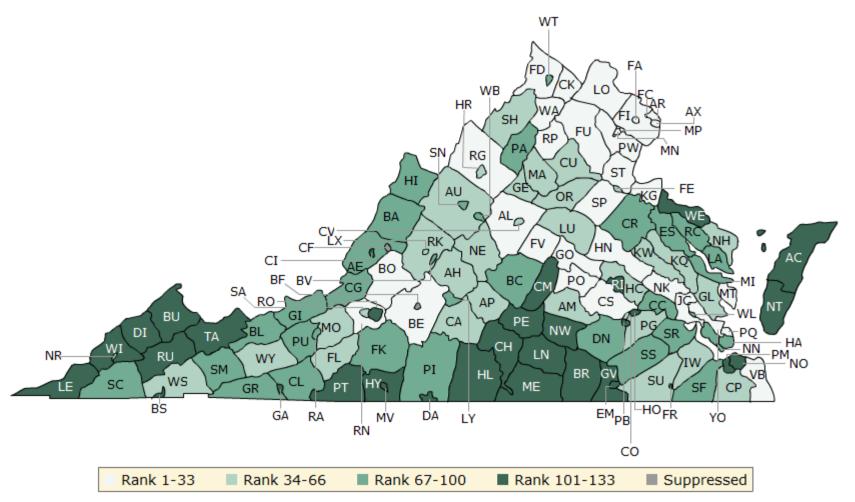


# AMONG ALL STATES, VIRGINIA RANKED 19<sup>TH</sup> IN HEALTH STATUS 2016

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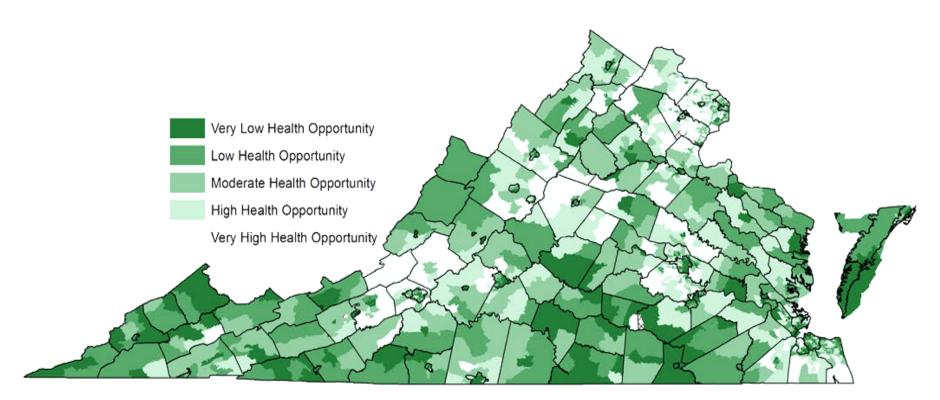


# 2017 RWJF County Health Rankings: Health Outcomes





#### Virginia Health Opportunity Index



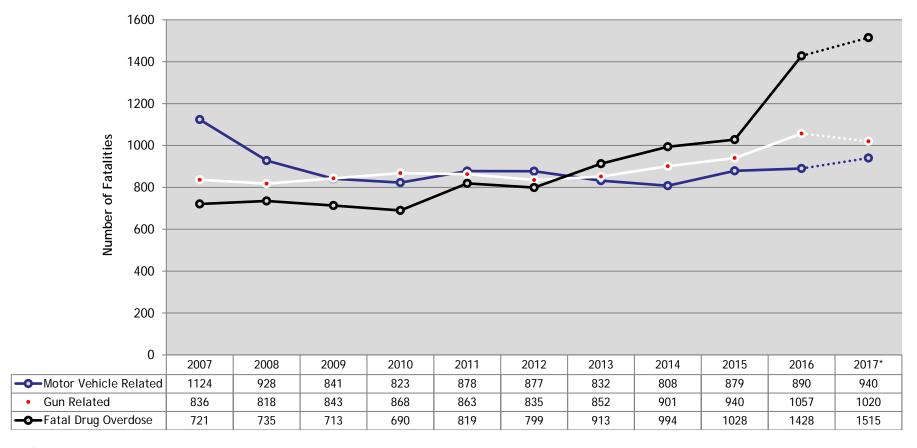
# A composite measure comprised of 13 indices that reflect a broad array of social determinants of health

Air Quality • Population Density • Population Churning • Walkability • Affordability • Education • Food Access • Material Deprivation • Employment • Income Inequality • Job Participation • Segregation • Access to Health Care

Source: VDH, Office of Health Equity



#### TOP 3 METHODS OF UNNATURAL DEATH



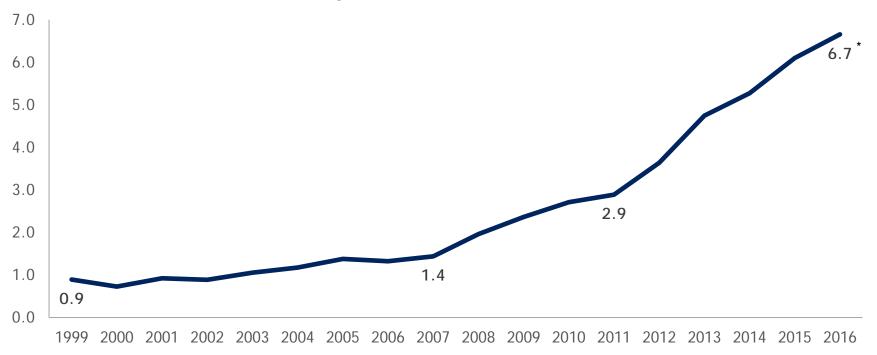
<sup>&</sup>lt;sup>1</sup> Top 3 methods of death (motor vehicles, guns, and drugs) include all manners of death (accident, homicide, suicide, and undetermined)

Source: VDH OCME



#### Neonatal Abstinence Syndrome Discharges

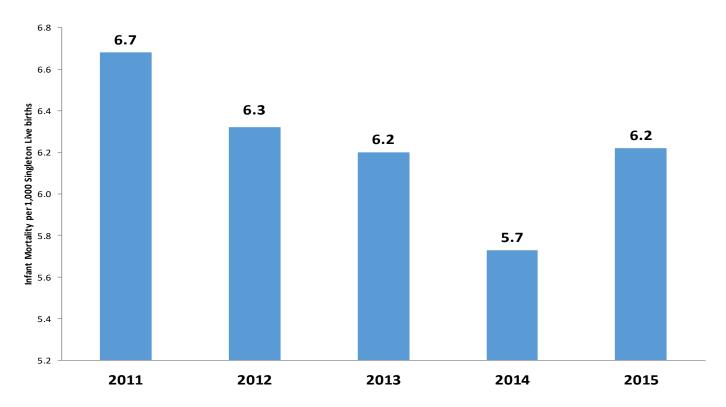
Rate per 1,000 Live Births: Virginia, 1999-2016



\*2016 rate is provisional, pending final 2016 count of Virginia live, resident births



#### Infant Mortality Rate, Virginia 2011-2015



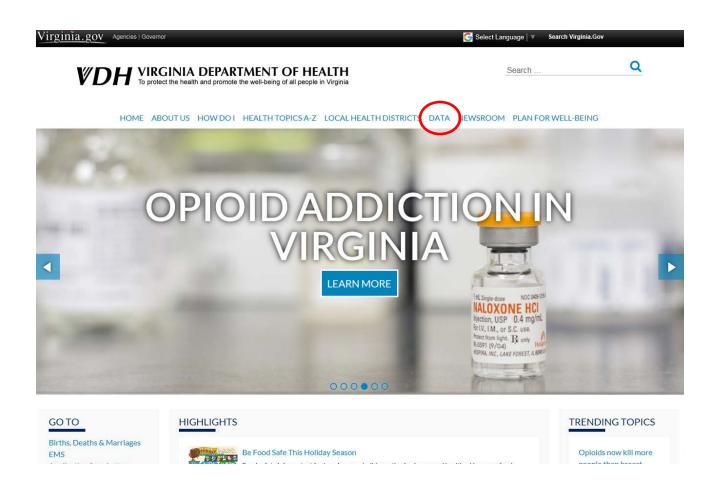
Data Source: VDH Division of Health Statistics, compiled by the Division of Population Health Data, Office of Family Health Services. Infant mortality is defined as the death of an infant before his/her first birthday. Rate of infant deaths per 1,000 live births.



#### A Population Health Approach:

Data-Informed, Community-Led, Intentional Actions Designed to Impact Key Health Determinants





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#### **Factors that Affect Health**

Smallest Impact

Counseling & Education

Clinical Interventions

Long-lasting Protective Interventions

Changing the Context to make individuals' default decisions healthy

**Socioeconomic Factors** 

Largest Impact

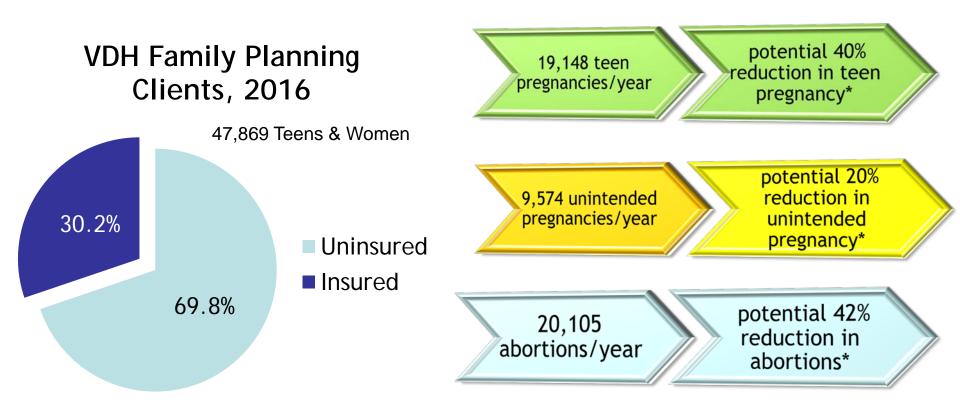


# Steps to Assuring a Strong Start for Children in Virginia

- Improve Maternal Risk Screening for All Women of Reproductive Age
  - In 2015, 40% of pregnancies in Virginia were nonmarital
- Ensure Quality of Care for All Women and Infants
- Enhance Service Integration for women and infants
- Ensure access to quality family planning
  - Preconception, Prenatal, Interconception Care
  - Access to highly effective contraception



# Impact of Reducing Unintended Pregnancies



<sup>\*</sup>Rates of decrease observed in Colorado Initiative to Reduce Unintended Pregnancies—Pew Charitable Trust, February 12, 2015 "A Pregnancy Prevention Breakthrough". Numbers of teen pregnancies, unintended pregnancies, and abortions from Virginia Department of Health, Health Statistics.



HB 888: Transition of Onsite Sewage System Evaluations and Designs





# SW Virginia Cooperative Agreement



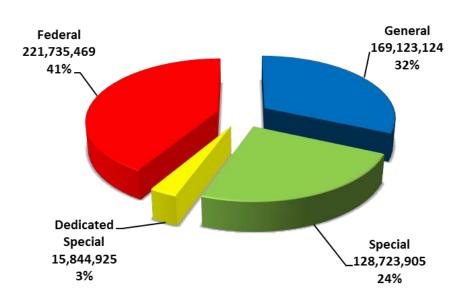
# VIRGINIA DEPARTMENT OF HEALTH BUDGET



#### VDH Funding & Staffing - FY 2008 to FY 2020

FY2008 Total \$535,427,423

FY2020 Total \$737,084,516

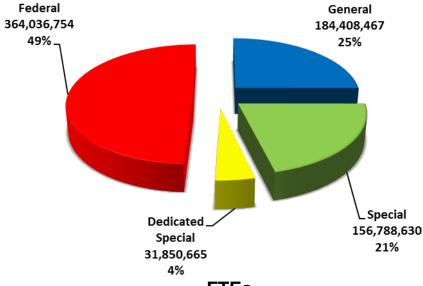




GF: 1,664

NGF: 2,107

Total: 3,771



**FTEs** 

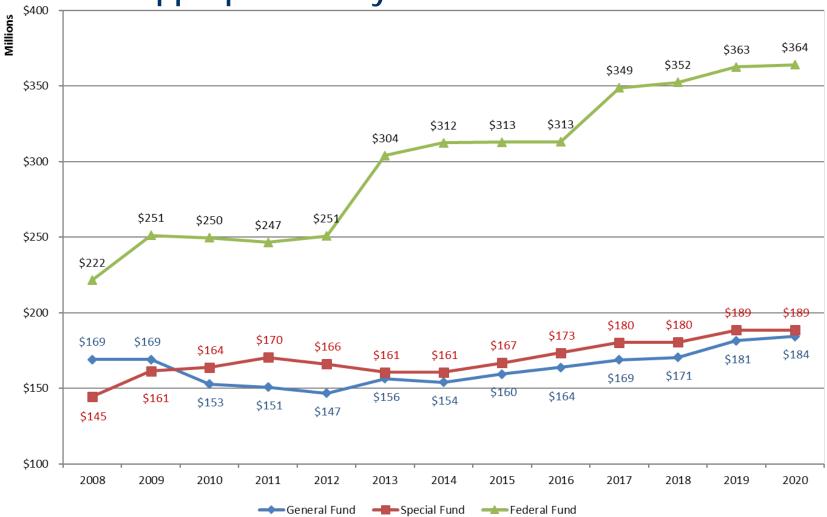
**GF: 1,503** 

NGF: 2,195

Total: 3,698



# Virginia Department of Health Appropriation by Fund 2008 - 2020



- The increase in federal funds in FY17 is largely due to AIDS/HIV grants and is not new funding, but a technical appropriation increase, as these funds increased in the last biennium (FY19 increase is also Ryan White related and just a technical).
- The increase in federal appropriation in FY2013 is attributable to funding for the Child and Adult Special Feeding Programs.
- The federal appropriations illustrated above do no include ARRA or H1N1 funding.



## 2018 Introduced VDH Budget

Governor's Introduced Budget	FY19		FY20	
	GF	NGF	GF	NGF
Base Appropriation	170,525,146	532,728,591	170,525,146	532,728,591
Central Appropriation Distribution	5,816,949	10,028,921	5,816,949	10,028,921
Proposed Base Appropriation Increases		16,500,000		16,500,000
Proposed New Funding / Appropriation	5,087,627	6,855,477	8,066,372	8,417,713
Partial Feeding Program Transfer	1	(14,999,176)	-	(14,999,176)
Proposed Budget	181,429,722	551,113,813	184,408,467	552,676,049
Total Proposed Budget	732,543,535		737,084,516	
Authorized Positions	1,490	2,193	1,490	2,193
Proposed New Positions	13	7	13	7
Partial Feeding Program Transfer	1	(5)	-	(5)
Maximum Employment Level	1,503	2,195	1,503	2,195
Total MEL	3,698		3,698	



- Provide general fund support to develop an Electronic Health Records System
  - System is a critical addition to Virginia's health safety net organizations, which provide patients with free or low cost health services. This system will allow the agency to efficiently and effectively operate its preventive health clinics, collect standard demographic information, and provide the capacity for electronic orders for laboratory tests, results, and prescriptions.

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FY19 - $1,801,500 GF 1 FTE
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FY20 - \$4,201,500 GF 1 FTE



#### **Environmental Health Services**

- Increase in costs associated with the contract for the Virginia Environmental Information System (VENIS)
  - Migrate the current database to a more sophisticated application, which will provide improved flexibility for creating and deploying changes in response to changing business needs.

FY19 - \$165,000 GF

FY20 - \$223,000 GF

- Establish new fees for voluntary upgrades, repairs, and reviews of onsite sewage systems
  - HB888 Phases out onsite sewage system evaluation and design services that are available from the private sector. Redeploy existing staff to other high priority environmental health services with greater impact on the public's health and not available from the private sector. New fees enable agency to maintain resources to retain our staff.

#### **Environmental Health Services**

- Long-term Plan to fund Food Safety and Restaurant Inspection Program
  - The VDH and the Department of Agriculture shall collaborate to develop a long-term plan to adequately fund the food safety and restaurant inspection program. Shall seek input from local governments, private sector organizations, and the public. The plan shall be submitted no later than October 1, 2018 to the Governor and Chairmen of the House Appropriations and Senate Finance Committees.



#### **Community Health Services**

 Supports local health districts that are expecting significant rent increases in FY17 and FY18 due to moving to new facilities or rent increases in existing facilities.

FY19 - \$345,304 GF \$230,959 NGF

FY20 - \$345,304 GF \$230,959 NGF

 Increase education and expand access to women's reproductive health Increases federal support for education and expanded access to women's reproductive health. Temporary Assistance for Needy Families (TANF) funding.

FY19 - \$6,000,000 NGF 1 FTE

FY20 - \$6,000,000 NGF 1 FTE



#### Licensure and Certification

- Support for Cooperative Agreement in Southwest Virginia
  - The Code currently allows VDH to seek reimbursement of up to \$75,000, which is insufficient to adequately support the monitoring of the cooperative agreement. With legislative proposal VDH will be able to recoup the actual costs from the health system.

FY19 - \$624,518 NGF 6FTE

FY20 - \$624,518 NGF 6FTE

#### **Epidemiology**

- Require meningococcal vaccine prior to entering sixth grade
  - Adds a requirement for one dose of meningococcal conjugate (MCV4) vaccine prior to entering the 6th grade.

FY20 - \$520,745 GF \$1,562,236 NGF



#### **Medical Examiner**

 Supports additional staff for the Office of the Chief Medical Examiner, which performs comprehensive death investigations for citizens and families in all applicable cases.

FY19 - \$1,472,900 GF 12 FTE

FY20 - \$1,472,900 GF 12 FTE

• Increases general fund support to allow the Office of the Chief Medical Examiner to increase the decedent transport rate from \$100 to \$250 to secure transport services that remove decedents from the scene of death.

FY19 - \$700,000 GF

FY20 - \$700,000 GF

 Provide general fund to support mandated autopsy services for sudden unexpected infant deaths (DCLS laboratory testing)

FY19 - \$102,923 GF

FY20 - \$102,923 GF



#### State Health Services

 Transfer positions and federal appropriation for the CACFP At-risk and Summer Food Service Program to the DOE

#### Financial Assistance to Community Human Services Organizations

Increase support for the Virginia Association of Free and Charitable Clinics



# **Summary and Questions**

Thank You!

